

COUNTY OF LOS ANGELES
SHERIFF'S DEPARTMENT

DATE: February 12, 2002

OFFICE CORRESPONDENCE

FILE:

FROM: RICHARD L. CASTRO, COMMANDER
TRAINING DIVISION

TO: ERIC B. SMITH, CAPTAIN
CENTURY STATION

SUBJECT: **EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS AND RECOMMENDATIONS
NON-HIT SHOOTING, SEPTEMBER 21, 2001, REVIEW #2046388**

The purpose of this memo is to notify you of the review committee's findings and recommendations concerning the use of force incident which occurred on September 21, 2001.

The Committee met on February 11, 2002, and consisted of myself, Commander Patrick Mallon (Commander of the Department) and Commander David Betkey (Commander of the Department). The Committee determined that the use of force by Deputy Angel Jaimes # [REDACTED] was within Department policy. **Please advise the deputy of this finding.**

The Committee directed that Deputy Jaimes' failure to qualify be handled at the station level.

RLC:KRK:kk

Table of Contents

Investigative Summary

Officer Involved Shooting Report

- Exhibits:
- A- Criminal reports under file # 001-18527-2172-055
 - B- Photographs
 - C- Suspect [REDACTED] Criminal History
 - D- Miscellaneous documents
 - in-service
 - Deputy Jaimes' PPI
 - Deputy Jaimes' weapons qualification
 - Crime scene sketches
 - Criminalist Report of Deputy Jaimes' weapon
 - Force/Shooting Admonitions

Los Angeles County Sheriff's Department

Officer Involved Shooting

Page 1 of 6

Report Date: 09/21/2001		Bureau/Station/Facility: FOR II/Century		Admin. Invest? <input type="checkbox"/> Hit? <input type="checkbox"/>	
Incident Information					
URN: 001-18527-2172-055		Date: 09/21/2001		Time: 1048	
City or Station: Century		Nature of Incident: Deputies confronted Suspect [REDACTED] and saw the outline of a gun in his waistband. Suspect fled and deputies chase him in their radio car. The suspect pointed the gun at Deputy Jaimes. Deputy Jaimes fired three rounds, missing the suspect.			
Location: [REDACTED] 77th Place, Los Angeles					
Location Type (circle one or more): Backyard Beach Business Freeway Industrial Park Parking Lot <u>Residence</u> Rural School Street Other: _____	Lighting (circle only one): Darkness <u>Daylight</u> Other Street Lights	Incident Type (circle one or more): Accidental <u>Armed Person</u> Fleeing Suspect Foot Pursuit Gun Take Away Moving Vehicle Sniper/Ambush Stallie Struggle Involved Traffic Stop Unarmed Person Unintentional Vehicle Pursuit Warrant Service Other: _____		Initiated by (circle only one): Arrest Warrant Call <u>Observation</u> One Person Unit Other Search Warrant Two Person Unit	
	Weather (circle only one): <u>Clear</u> Cloudy Fog Rain			Prior Activity (circle only one): Detective Inmate Transport Other <u>Routine Patrol</u>	
	Distance: 40 feet				
Total # of Shots Fired by Deputy 3	Total # of Shots Fired by Suspect 0			Aero Unit? <input checked="" type="checkbox"/>	Canine Unit? <input checked="" type="checkbox"/>
Employee Witnesses					
Employee #	Last Name	First Name	M.I.	ShiftTime (circle only one): EM PM [REDACTED]	ShiftType (circle only one): Overtime Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (circle only one): EM PM Day	ShiftType (circle only one): Regular Overtime Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (circle only one): EM PM Day	ShiftType (circle only one): Regular Overtime Off Duty
Non-Employee Witnesses					
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Supervisors					
Employee #	Last Name	First Name	M.I.	(circle one or more): <u>On Duty</u> Present during shooting	Witness to shooting Involved in shooting
	Scott	Arthur	C		
Employee #	Last Name	First Name	M.I.	(circle one or more): <u>On Duty</u> Present during shooting	Witness to shooting Involved in shooting
	Vernon	John			
Watch Sergeant					
Employee #	Last Name	First Name		M.I.	
	Key	Gregory			
Watch Commander					
Employee #	Last Name	First Name		M.I.	
	Slaughter	Dreda		M	

PSTD Use Only	
SH #	2046388

Rollout Information							
Arrival Date	09/21/2001	Arrival Time	1200	Date Submitted	01/03/2001	Date of Recommendation	
Employee #		Last Name	Gregg	First Name	Lawrence	M.I.	R.
Employee #		Last Name	Porlier	First Name	Clay	M.I.	
Employee #		Last Name	O'Brien	First Name	Thomas	M.I.	M.
Shooting / Force Information							

Shooting / Force Information

Method

(AW)	Arwen	(OV)	Other Weapon: Vehicle
(BC)	Baton:(Control)	(OB)	Other Weapon: Blunt Object
(BI)	Baton:(Impact)	(OO)	Other Weapon: Other
(BF)	Bodily Fluids	(PK)	Personal Weapon: Feet/Leg: (Kick)
(CN)	Canine	(PS)	Personal Weapon: Feet/Leg: (Sweep)
(CR)	Carotid Restraint	(PH)	Personal Weapon (Hand/Arm)
(CH)	Choke Hold	(PP)	Personal Weapon (Push)
(CT)	Control Holds:(Control Techniques)	(PO)	Personal Weapon (Other)
(TT)	Control Holds:(Team Takedown)	(RS)	Resistance
(TD)	Control Holds:(Takedown)	(CN)	Restraint Device (Capture Net)
(CE)	Chemical	(RH)	Restraint Device (Handcuffs)
(OC)	Chemical Agents (OC Spray)	(HB)	Restraint Device:Hobble (Legs Only)
(TG)	Chemical Agents (Tear Gas)	(TP)	Restraint Device:Hobble (TARP)
(EX)	Explosives	(RE)	Restraint Device: REACT Belt
(FH)	Firearm (Handgun)	(SP)	Sap
(FR)	Firearm (Rifle)	(SH)	Shield
(FS)	Firearm (Shotgun)	(SG)	37mm Stinger
(FO)	Firearm (Other)	(SB)	Sting Ball
(FB)	Flashbang	(ST)	Stun Bag
(FL)	Flashlight	(TR)	Taser
(OE)	Other Weapon: Edged	(UC)	Uncooperative

Type of Injury

(AB)	Abrasion
(BR)	Bruise
(BU)	Burn
(CP)	Complaint of Pain
(CO)	Concussion
(DH)	Death
(DI)	Dislocation
(DB)	Dog Bite
(FR)	Fractures
(GS)	Gunshot
(HB)	Human Bite
(LC)	Lacerations
(ND)	Nerve Damage
(OD)	Organ Damage
(PA)	Paralysis
(PW)	Puncture Wound
(SD)	Soft Tissue Damage
(ST)	Sprain/Twists
(UN)	Unconscious
(RM)	Refused Med Treatment
(NN)	NONE

Body Part Injured

(AD)	Abdomen
(AK)	Ankle
(AR)	Arm
(BK)	Back
(BT)	Buttocks
(CH)	Chest
(EL)	Elbow
(FA)	Face
(FE)	Feet
(FI)	Fingers
(GE)	Genitals
(GR)	Groin
(HD)	Hand
(HE)	Head
(HI)	Hip
(IN)	Internal
(KN)	Knees
(LE)	Leg
(NK)	Neck
(SH)	Shoulder
(WR)	Wrist

Brand

(AK)	AK-47	(IV)	Iver Johnson	(RI)	RGI
(BN)	Benelli	(JE)	Jennings	(RO)	Rossi
(BR)	Beretta	(LO)	Lorcin	(SW)	Smith & Wesson
(BW)	Browning	(LU)	Luger	(SR)	Sturm Ruger
(CH)	Charter Arms	(MA)	Marlin	(ST)	Sterling
(CO)	Colt	(MO)	Mossberg	(TA)	Taurus
(DA)	Davis Industries	(NC)	NCI aka SKS	(WE)	Weatherby
(GL)	Glock	(NA)	North American	(WN)	Winchester
(HA)	Harrington & Richardson	(NO)	Norinco	(US)	US Government
(HI)	Hi Standard	(RA)	Raven	(YY)	Handmade (Inmate)
(HK)	H & K	(RM)	Remington	(XX)	Homemade (Non-Inmate)
(IT)	Ithaca	(RG)	RG	(ZZ)	Other Brand

Caliber

(9)	9 mm	(24)	.243 caliber	(41)	.410 gauge
(10)	10 mm	(25)	.25 caliber	(44)	.44 caliber
(12)	12 gauge	(30)	.308 caliber	(45)	.45 caliber
(20)	20 gauge	(35)	.357 caliber	(50)	50 mm
(21)	.22-250	(38)	30-60 caliber	(SL)	Slug
(22)	.22 caliber	(38)	.38 caliber	(WW)	Other caliber
(23)	.223 caliber	(40)	.40 caliber		

FORCE APPLIED (one code per block)[illegible]

Officer Involved Shooting Involved Employee Information

URN: 001-18527-2172-055

Page 3 of 6

Involved Employee										
E <u>1</u>	Employee #		Last Name			First Name		M.I.		
			Jaimes			Angel		E.		
	Sex:	Race:	Rank	Unit Assignment:		Work Assignment (Unit #, Module, etc.):				
	M	H	Deputy	Century						
	ShiftTime (circle only one):		ShiftType (circle only one):		Intoxication/Drug Usage?		Substance Used:			
	EM PM Day		Regular Overtime Off Duty		<input type="checkbox"/>					
	Hospital Admission?		Hospital Name:		Coroner Case?		Coroner Case #		Interviewed?	
	<input type="checkbox"/>				<input type="checkbox"/>				<input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one):		Other Factors:			
	5.5 hours				Plain Clothes no Vest Raid Jacket w/ Vest Plain Clothes w/ Vest Uniform no Vest Raid Jacket no Vest Uniform w/ Vest					
Age:		Height:		Weight:						
		5'10"		235						
Range Qualification Date:			PPC Qualification Date:			Laser Training Date:				
Certified with Weapon Used?		Patrol Certification?		Certification Unit:		Prior Shootings?		Number of Prior Shootings:		
<input type="checkbox"/>		<input type="checkbox"/>				<input checked="" type="checkbox"/>		3		
Field Training Officer Emp #			Last Name			First Name		M.I.		
Field Training Officer Emp #			Last Name			First Name		M.I.		
E _____	Employee #		Last Name			First Name		M.I.		
	Sex:	Race:	Rank	Unit Assignment:		Work Assignment (Unit #, Module, etc.):				
	ShiftTime (circle only one):		ShiftType (circle only one):		Intoxication/Drug Usage?		Substance Used:			
	EM PM Day		Regular Overtime Off Duty		<input type="checkbox"/>					
	Hospital Admission?		Hospital Name:		Coroner Case?		Coroner Case #		Interviewed?	
	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one):		Other Factors:			
					Plain Clothes no Vest Raid Jacket w/ Vest Plain Clothes w/ Vest Uniform no Vest Raid Jacket no Vest Uniform w/ Vest					
Age:		Height:		Weight:						
Range Qualification Date:			PPC Qualification Date:			Laser Training Date:				
Certified with Weapon Used?		Patrol Certification?		Certification Unit:		Prior Shootings?		Number of Prior Shootings:		
<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>				
Field Training Officer Emp #			Last Name			First Name		M.I.		
Field Training Officer Emp #			Last Name			First Name		M.I.		
E _____	Employee #		Last Name			First Name		M.I.		
	Sex:	Race:	Rank	Unit Assignment:		Work Assignment (Unit #, Module, etc.):				
	ShiftTime (circle only one):		ShiftType (circle only one):		Intoxication/Drug Usage?		Substance Used:			
	EM PM Day		Regular Overtime Off Duty		<input type="checkbox"/>					
	Hospital Admission?		Hospital Name:		Coroner Case?		Coroner Case #		Interviewed?	
	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one):		Other Factors:			
					Plain Clothes no Vest Raid Jacket w/ Vest Plain Clothes w/ Vest Uniform no Vest Raid Jacket no Vest Uniform w/ Vest					
Age:		Height:		Weight:						
Range Qualification Date:			PPC Qualification Date:			Laser Training Date:				
Certified with Weapon Used?		Patrol Certification?		Certification Unit:		Prior Shootings?		Number of Prior Shootings:		
<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>				
Field Training Officer Emp #			Last Name			First Name		M.I.		
Field Training Officer Emp #			Last Name			First Name		M.I.		

Officer Involved Shooting Suspect Information

URN: 001-18527-2172-055

Page 4 of 6

Suspect Information

S1	Last Name		First Name		M.I.	
	AKA Last Name		First Name		M.I.	
Sex: M Race: H		Street Address:		City		State & Zip Code:
Work Phone:		Home Phone:	Social Security #:		Driver's License #:	
Age: 16 D.O.B.:		Height: 5'06"	Weight: 120	FBI #		CII #
Booking #		Primary Charge: Assault with a Deadly Weaon		Secondary Charge:		
Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input checked="" type="checkbox"/>	Substance Used: Marijuana	
Armed? <input checked="" type="checkbox"/>		Apprehended? <input checked="" type="checkbox"/>		Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>	
Vehicle Make		Model:		Year:		
Bicycle						
S	Last Name		First Name		M.I.	
	AKA Last Name		First Name		M.I.	
Sex: Race:		Street Address:		City		State & Zip Code:
Work Phone:		Home Phone:	Social Security #:		Driver's License #:	
Age: D.O.B.:		Height:	Weight:	FBI #		CII #
Booking #		Primary Charge:		Secondary Charge:		
Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:	
Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>	
Vehicle Make		Model:		Year:		
S	Last Name		First Name		M.I.	
	AKA Last Name		First Name		M.I.	
Sex: Race:		Street Address:		City		State & Zip Code:
Work Phone:		Home Phone:	Social Security #:		Driver's License #:	
Age: D.O.B.:		Height:	Weight:	FBI #		CII #
Booking #		Primary Charge:		Secondary Charge:		
Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:	
Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>	
Vehicle Make		Model:		Year:		
S	Last Name		First Name		M.I.	
	AKA Last Name		First Name		M.I.	
Sex: Race:		Street Address:		City		State & Zip Code:
Work Phone:		Home Phone:	Social Security #:		Driver's License #:	
Age: D.O.B.:		Height:	Weight:	FBI #		CII #
Booking #		Primary Charge:		Secondary Charge:		
Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:	
Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>	
Vehicle Make		Model:		Year:		

Los Angeles County Sheriff's Department

Page 5 of 6

Non-Employee Witnesses

[illegible]

Los Angeles County Sheriff's Department

Page 6 of 6

Non-Employee Witnesses

[illegible]